PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/529,000			ing Date 24/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	\neg	N/A	LD NO	N/A		N/A	TEE (a)	ł	N/A	TEE (0)
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A						ł		
H	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p), (N/A		N/A		N/A		١	N/A	
(37	CFR 1.16(i)) DEPENDENT CLAIM	e	minus 20 =		•		x \$ =		OR	x s =	
(37	CFR 1.16(h))		minus 3 = *		•		x \$ =		ı	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings existeets of paper, the application size is \$250 (\$125 for small entity) for eadditional 50 sheets or fraction then 35 U.S.C. 41(a)(1)(G) and 37 CFR								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR									OTHER THAN SMALL ENTITY		
AMENDMENT	09/11/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 18	Minus	·· 26	= 0	ı	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	•••5	= 0	1	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		=	l	x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))		Minus	***			x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

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